

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM ITO-876)

SERIAL NO
APPLICANT

FILING DATE
09/25/93 178 2-19-94

CLAIMS

CLAIM NO.	AS FILED		AFTER TRANSMISSION		AFTER REINVENTION							
	IND.	OCP.	IND.	OCP.	IND.	OCP.	IND.	OCP.	IND.	OCP.	IND.	OCP.
1	1						61					
2		1					62					
3			1				63					
4				1			64					
5					1		65					
6						1	66					
7							67					
8							68					
9							69					
10							70					
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30							90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	4						0					
TOTAL OCP.	46						21					
TOTAL	50						21					